

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 11002
Registered No. 113

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3019 Turkey Shoot St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Alberto Escobeda (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth Sept. 15 - 1922
Month Day Year

FATHER Full name Abran Escobeda MOTHER Full maiden name Louisa Sandoval

9. Residence (Usual place of abode) Miami Arizona 15. Residence (Usual place of abode) Miami Arizona
If non-resident, give place and state.

10. Color or race Mex 11. Age at last birthday 32 (Years) 16. Color or race Mex 17. Age at last birthday 30 (Years)

12. Birthplace (city or place) Durango Mex. 18. Birthplace (city or place) Durango Mex.
(State or country)

13. Occupation Nature of industry Mining 19. Occupation Nature of industry Housewife

20. Number of children of this mother 5 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was Born alive at 2 A. m. on the date above stated.
(Born alive or stillborn.)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.

Given name added from a supplemental report _____ Address Miami, Ariz. (Physician or midwife.)

Month, day, year 15-9-22 Filed M